The MEDICAL MISSIONARY

Reinthal & Newman. *Eichstaedt.*

St. Veronica

Vol. II MARCH, 1929 No. 6

MEDICAL MISSION HOUSE NEARING REALITY

IN the February issue we told our readers that circumstances and the growing number of our Missionaries compel us to establish a Medical Mission House, and that we had obtained the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore, to acquire the necessary property.

In the meantime our Medical Mission House fund has risen to $17,000. We must openly confess that we are surprised ourselves. To each and every benefactor we are more grateful than words will ever be able to express. We can only show our gratitude by our prayers and by using the money well, which certainly we will do to the best of our ability. We have begun to negotiate for the purchase of the property and if a good number of our readers and other benefactors will send their Lenten contribution to the Medical Mission Cause, we will be able to start life on our own grounds, unfettered and unhampered by a burden of debt, thereby making it possible for us to progress more rapidly with our work on the Mission field. Only $8,000 more will bring about this happy state of affairs. We received some very substantial gifts—otherwise we would not be able to take steps to acquire the property so soon, but to complete the fund, the small gifts from the great number will be the secret of success.

ST. JOSEPH

The very first contribution towards the permanent foundation of a Medical Mission House was made by Rev. William Griffin, the well-known Director of the Propagation of the Faith of the Diocese of Newark, two years ago, when we were thinking of buying a small house, towards which he generously gave $1,000. We changed our mind then, knowing that a small house with no ground around would be only a temporary measure and decided to wait. One large donation was given in honor of Our Lady, to whom our Society is specially dedicated. One of the most edifying contributions was that of $1,000 from a non-Catholic gentleman; another $1,000 was sent by a convert. The largest of all was given in thanksgiving for favors and graces received and partly in petition. We started to enter the names of all benefactors to the Medical Mission House fund in a special book, "The Golden Book" to be kept as a precious memento for the future. Every donation will be personally acknowledged.

Once more our most heartfelt thanks to all who have contributed by prayer, word or money to the Medical Mission House fund so far, and our assurance that we will appreciate and be very grateful for every donation no matter how small to help us to complete the fund.

Whatever is done out of charity, be it ever so little and contemptible, it is all made fruitful, inasmuch as God regardeth more out of how much love a man doth a work than how much he doth. (From the "Imitation of Christ," Book I, Chapter XV.)

THE MEDICAL MISSION HOUSE FUND COMPLETED IF

Two benefactors contribute	$1,000.00	$2,000.00
Three benefactors contribute	500.00	1,500.00
Five benefactors contribute	200.00	1,000.00
Ten benefactors contribute	100.00	1,000.00
Ten benefactors contribute	50.00	500.00
Fifty benefactors contribute	10.00	500.00
One hundred benefactors contribute	5.00	500.00
One thousand benefactors contribute	1.00	1,000.00
TOTAL NEEDED		$8,000.00
ALREADY CONTRIBUTED		17,000.00
		$25,000.00

The MEDICAL MISSIONARY

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Editor: Dr. Anna Dengel

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EDITORIALS

MARCH THOUGHTS

The greater part of Lent always falls to the lot of March, which combined with the wind and the cold make it one of the sternest months of the twelve. However, Holy Mother Church does not even leave us one month without some note of joy.

On the 17th of March, wherever the sons and daughters of Erin are scattered over the wide globe, their Patron, glorious St. Patrick is honored with festivities in which even those who have no claims on him except the Communion of Saints, also gladly participate.

On the 19th of March we celebrate the feast of good St. Joseph. Nobody on earth knows how many petitions he has to answer on that day (among them ours for the completion of the Medical Mission House fund).

On the 25th of March is the beautiful feast of the Annunciation, on which day Our Lady became the *Cause of our Joy* by accepting to be the Mother of our Redeemer.

This year Easter crowns March—before then, we hope to have our April magazine in the Postman's bag.

SIR BERTRAM WINDLE

The public papers announced that Sir Bertram Coghill Alan Windle, professor of philosophy and anthropology in St. Michael's College, Toronto, died on February 14 after a brief illness, from broncho-pneumonia. This news came as a great shock to the Editor to whom Sir Bertram was a good friend during her years of Medical studies at the University College, Cork. It was during Sir Bertram Windle's presidency there, that Dr. Agnes McLaren, among other universities, visited that of Cork with the view of finding a medical school with a suitable atmosphere for nuns to study medicine. Sir Bertram, with his usual vision and foresight, understood the need for medical missionaries, both scientifically trained and apostolically minded. He not only encouraged Dr. McLaren, but was quite willing to make arrangements for nuns to study medicine at the University. The project of Religious studying medicine, however, did not realize. When the writer, who intended to become a Medical Missionary in India, was confronted with the choice of a medical school, Dr. Agnes McLaren suggested Cork, knowing Sir Bertram Windle and his sympathy for the Medical Mission movement which was then on the Catholic side more a vision than anything else. Sir Bertram's kindness and helpfulness more than justified Dr. McLaren's advice. To the students he looked stern but he had a golden heart; he was ever ready to advise and to help.

Sir Bertram became a Catholic in 1883. He was an eminent scholar, holding many academic and scientific degrees. An author of many books and an anthropologist of world-wide fame, he had a genius for popularizing the results of scientific investigation; he was widely known in the United States and Canada as a lecturer on scientific subjects. He was knighted by the Holy Father for his writings in defense of revealed Religion, and by the King of England for his scientific research. He was laid to rest in the habit of the Third Order of St. Francis, of which he was a member.

The outstanding characteristics of his life were summed up by Rev. Father McCorkell, President of St. Michael's College, Toronto, who said of him: "Sir Bertram was a man in whom the scientific spirit and the religious spirit were in perfect accord."

Three members of our Society took their degree in the University College, Cork, during his presidency; we owe him a great debt of gratitude and shall always cherish his memory in connection with our Alma Mater.

With Sir Bertram a truly great man has gone to his reward. R. I. P.

ANOTHER MISSIONARY ASKS FOR MEDICAL MISSIONARIES

The fact that the requests for Medical Missionaries continue to come in is at once encouraging and disheartening. Encouraging, because it shows the great need, disheartening, because we can not comply with the requests just yet. A Jesuit Father from Malabar writes: "The taking up of a Dispensary would be a great boon for our diocese and especially for this, my district; and I hope, we would be able to administer many baptisms and save many souls. We have started a modest girls' school a short time ago; and a dispensary would be another hopeful improvement for the salvation of souls.

"The V. Rev. Father Vicar of this diocese directed me to write to you to know whether there can be any possibility for your Society to undertake the dispensary here; if your Society could and would undertake it, many improvements could be made and perhaps it would develop into a hospital.

NURSING IN NORTHERN INDIA

By SISTER M. LAETITIA, R. N.

NURSING in the North of India can by no means be compared with nursing at home —everything is utterly different.

First of all the patient very reluctantly comes to the hospital (as I suppose patients all over the world do), and when she does, she expects to be cured of everything from an infected finger to cancer; from a cold to tuberculosis; from a sore throat to diphtheria, in about three days.

Next ensues a tremendous amount of "bat chit" (argument), whether or not her husband may remain all day and night. Being persuaded that he may not—on this point we are as firm as the rock of Gibraltar—she next demands immense space for innumerable relatives and children. Finally, having been pursued all over the hospital by herself and the family (and family's family usually), we compromise by allowing one woman relative and the patient's baby, plus the relative's youngest baby to remain. These are given a string bed to sleep on at night and when we go around to lock up at 8 p. m. we have to look under the heavy comforters to see how many extra women and children are concealed, for quite a large family manages to sleep on one "munji" which is about the size of an average bed.

Sister Mary Laetitia says: "This baby was our first diphtheria case. It came in such bad condition that we had no hope for it. After some antitoxin it got well and came visiting and we took its picture. We all had antitoxin too."

The lady comes in equipped with all her pots and pans and little cooking stove and if they are high-caste Hindus, they also bring a bucket of water. Next comes a difficulty about the cooking; there is a special Hindu and a special Mohammedan kitchen about 10 steps from the veranda, but that is too far away, so the carrots and cabbages are peeled in the ward and the leavings thrown on the ground and cooking commences in great style. Usually at about this stage one of us happens to come along and announces that this can not be, that the pile of wood must be taken out and the bag of coal must not lean against the clean wall and all the cooking *must* be done in the kitchen. Then there are many "muaf karos" (forgive me) and "bohut achchas" (very well), and everything is taken out, but the next meal time the very same thing happens all over again. There is more polite salaming, but *you* know, and the *patient* knows, and knows that *you* know she will do the same thing all the time she is in the hospital and will sometimes get away with it.

Having been installed, do we lay down the line of treatment? Not at all; she herself decides that question. The doctor orders—she does as she pleases about it, taking medicine which is not too unpleasant if she feels so inclined, yet always calling for "such medicine that I may get better" (after the first dose preferably).

The diet is extremely difficult; the Hindus would be hopelessly defiled if they were to eat our food, so all we can do is to give them minute details of what they may and may not eat, but it usually boils down to a good solid diet of curry and rice, and chappaties (wheaten bread), irrespective of the patient's disease. The most influential doctors and nurses of India are ancient oracles in the form of grandmother or grand-mother-in-law. These elderly women have some extraordinary ideas. One is that after the birth of a baby no water must be given to the mother and she must not go out for 40 days if the baby happens to be a girl; 20 (I think), if it is a boy. In the case of fever, water must not be given, and, as fever is very common in India, and no one knows what percentage of obstetrical cases become infected, one can imagine what these poor women suffer in the terrific heat, with high fever and nothing to drink.

Most of the trouble in India is due to the ignorance of the old women. Only the other day, in a nearby hospital, there was a woman on the table, anaesthetized for a serious operation, when along came an old mother. When told that it was her daughter's only chance of life, her response was: "If she dies, she dies." Perhaps she had consulted an astronomer and he had told her that the day or hour was bad or it may just have been her deeply rooted distrust of operations.

Everything works according to the news the much harassed stars have to relate, hence, when a baby is born we have to carefully note the minute

of its arrival and off goes the father to an astronomer who announces that the child's "kismet" is good or bad, as the case may be. If bad, he might as well be buried, then and there, for they don't see any use trying to rear a child whose "kismet" is bad. This "kismet" business is one reason why medical work and nursing is so difficult up here. If a patient gets typhoid, stays at home and eats all sorts of indigestible food, his "kismet" is bad. If his brother gets the same disease, comes to the hospital and by gigantic struggles, has his diet regulated and finally survives—did the hospital cure him? Not at all! His "kismet" was good. Nevertheless we do manage to get patients and somehow get credited for the recovery or death. How that is all figured out, it is impossible to understand. The Eastern mind is certainly a mystery to the Western.

Needless to say there are many difficulties but also many pleasures on the Mission Field. The people may often be very dirty and trying in their habits, but often, also, they are very grateful and happy when they are going home well, after a sickness or better still if a son has been born or gotten well.

If only there were sufficient people, nurses especially, to train and teach the people, not only in the hospital, *but in the homes.*

So many babies and small children die in India from improper feeding. They give them dirty, unboiled, undiluted buffalo milk. Most of the milk used here comes from the buffalo and its food value or at least its fat value is very high, but that rather disqualifies it for babies. Nevertheless it is commonly given to them in brass feeding bottles. The dirt and fat are two considerable obstacles for the poor infant's digestive powers to surmount, but there is a worse factor yet, the milk is often adulterated, sometimes with water, often with flour and water, to make it nice and creamy!

Flies abound everywhere. On the open receptacles in which the milk is kept for sale, and on the babies' mouths, eyes, ears and on the nipple of the feeding vessel.

Just think how much one Public Health nurse could do by going around inspecting and reporting the conditions of these dairies and also showing them how to be clean and how to treat the milk. If we have the people we can do these things, if we haven't, we can't.

Then there are the dhais, India's untrained midwives. These women are perhaps the greatest obstacle to progress. No one knows the extent of the damage they do by the infections, injuries and deaths that they cause, yet the people have a tremendous faith in them which apparently nothing can shake. Very often, after they have done their work, their poor victims are brought to us, but the damage is done by them, and, it is "kismet" again, not the dhai's fault.

I suppose by teaching, teaching, teaching, progress will eventually be made, but in order to teach we must have people; without them we can do simply nothing. Suppose a nurse, who happened to read this, were to give three years of her life to the people in a mission country, just think of all she could accomplish. The life is necessarily one of self-sacrifice but what nurse is there who knows nothing of sacrifices?

It is true that there is yet a great deal to be accomplished in the U. S. A., but at least, while there may not be sufficient people for all the work, there are many more. Just think what a greater sphere there is here. If a nurse has in mind to become an executive, there is plenty of scope; if she has in mind to do simple, kindly bed-side nursing, she won't be hunting for work. If she has experience in teaching, there are the native Indian pupil nurses whom we are trying to train. There is work for all. What more can I say! "Come one, come all!"

AN ORIENTAL HEALTH REPORT

The head of an Oriental town, a Mohammedan, being asked by the government to reply to certain questions relating to his city, sent in the following answers:

Question. What is the death rate per 1,000 in your city?

Answer. In my city it is the will of Allah that all must die; some old, some young.

Question. What is the annual number of births?

Answer. We don't know; only God can say.

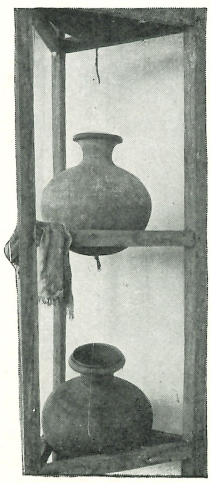
Question. Are the supplies of drinking water sufficient and of good quality?

Answer. From the remotest period no one has ever died of thirst.

Question. What is the general hygienic condition of your city?

Answer. Since Allah sent us Mohammed, his prophet, to purge the world with fire and sword, there has been great improvement. And now, my lamb of the West, cease your questioning, which can do no good either to you or anyone else.

—*The Lancet* (*London*).



ONE WAY OF FILTERING WATER IN INDIA

THE SOCIETY AT HOME AND ABROAD

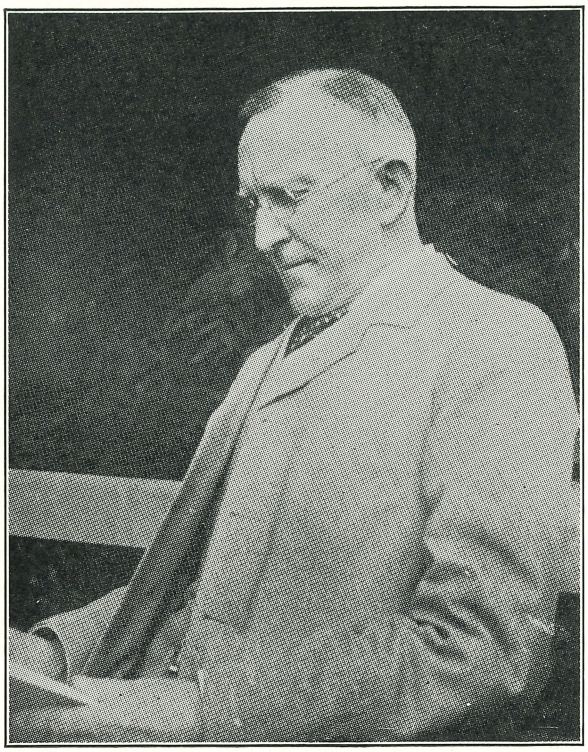
LENT this year appears to fly with unusual rapidity at the Medical Mission House, knowing that there is only one more short month before the Easter bells will ring and before then the Medical Missionaries—bag and baggage—will have to take up their abode on a different patch of land. It will mean hard work, but 12 young women can achieve a great deal.

Whilst Dr. Caroline O'Connor is leaving for London at the end of February to take a course at the School of Tropical Medicine prior to returning to India where she already worked as a mission doctor for four years before joining the Society, the gap she leaves will be filled by a new candidate, who is expected to arrive March 1.

NEWS FROM OUR MISSIONARIES

In their last letter, our Missionaries enclosed the report for 1928—from February 2 when the hospital was opened, to December 31. The baptisms of children in articulo mortis numbered 25. The total number of dispensary patients was 6,552; in-patients 185. There were 14 confinements, 35 major operations and 95 minor operations. The financial report is also at hand; although there is some local income, by far the greater part of the maintenance falls on the Society. In other words, it is provided by the generosity of our Benefactors.

As we said before, the work of a pioneer Mission Hospital can not be measured by statistics. The first year is encouraging and we hope that each succeeding year will be more so!



SIR BERTRAM WINDLE, F. R. S., WHO DIED ON FEBRUARY 14

Sir Bertram was President of the University College, Cork, Ireland, from 1904 to 1919. Three members of the Society took their degree at the University during his Presidentship.

MEDICAL MISSION NOTES

THE MEDICAL MISSION INSTITUTE OF WURZBURG

For the occasion of the dedication of the first Medical Mission House, on December 3, 1928, the Medical Mission Institute of Wurzburg published a most interesting 175 page volume, describing the sphere and scope of Medical Missions, the circumstances which led to the foundation of the Institute, the interest of Mission Superiors in Germany and the cooperation of ecclesiastics and the laity and the financial assistance of Missionary organizations. Only such a harmonious and many-sided effort brought about in such a short time the establishment of an institution of such great need in far-reaching importance in a country where economic conditions were at the time of its inception most depressed. The more we learn about the ideals and achievement of our colleagues in Germany, the more we rejoice at their splendid progress.

In *Jottings of a Mission Doctor*, from Marianhill, Natal, we read of Dr. McMurtrie's record-breaking mission trip of 1,175 miles. He undertook it at the invitation of the head of the Mission in Basutoland where a vacation course for Catholic Teachers had been arranged. Dr. McMurtrie was accompanied by a priest from Marianhill who is an authority on the subject of Catholic Principles of Social Welfare as applied to native conditions. He gave a course of lectures on that subject and Dr. McMurtrie on hygiene. That patience and endurance have to be practiced by all missionaries, we see from Dr. McMurtrie's account of the return journey. "The night before we started," he says, "there was a tremendous thunderstorm which made havoc of the roads around the mission. The Director of the Course left with a car load of Sisters immediately before us but at the first drift that had to be crossed their car stuck in deep mud for about two hours. We profited by their experience, sought out a better place to cross the stream and got through without sticking. Having seen that oxen were at hand to drag the car out of the mire, we had to say good-bye and push on with our long journey. It would have been a depressing farewell—stretching across the deep mud to shake hands, but the great success of the Course had made us all proof against depression.

WHAT DO WOMEN OWE TO CHRISTIANITY?

THE current campaign to raise the social position and ameliorate the lot of the women of India, has brought to public notice the many wrongs which they endure. Immured in zenanas; deprived of education; burdened with the cares of family life when they have not passed childhood; despised and ill-treated as widows; their condition is so inferior to that of Christian women, that it is not un-becoming to the latter, to pause awhile in the busy round of modern life and consider what women owe to Christianity.

In the pagan world of today, the women's status is everywhere beneath that of the men. In China the birth of a girl is reckoned as a misfortune, and unwanted girl babies are exposed in hundreds to die; in Africa, polygamy is the custom and girls are sold to the highest bidder regardless of age or suitability, while under Moslem rule, women are kept in seclusion and subjection during their lifetime and the Koran denies them the possession of a soul. In the ancient pagan world the position of women was much the same. Women occupied a subordinate place in the family and in the State. The law placed all authority in the hands of the father or husband and their freedom was much curtailed.

With the advent of Christianity, the dignity of womanhood was greatly increased. Women were admitted to all the ceremonies of the Church and from its earliest days they were honored as Saints, on the same terms as men; for Christ laid down the same moral standard for all, and promised the Kingdom of God to all, men or women, who observe His commandments. In the Gospels, women play a prominent part. His words to them are full of kindness and encouragement; He accepted their ministrations and never failed to console them in their afflictions. It was at the request of His Mother, that He performed His first miracle, although "His Hour had not yet come"; the grief of Martha and Mary at the death of their brother moved Him to tears and to the stupendous miracle of raising the dead to life. He does not scorn the erring women who find their way to His feet, but, on the contrary champions and protects them to the scandal of the Pharisees. He delays by the well of Jacob to win back a sinful Samaritan woman and makes her an apostle to her people. He praises the generosity of the poor widow who had given her all, more than the valuable offerings of the rich. When the Pharisees attempt to make Him justify their habit of putting away their wives, he rebukes them sternly, forbids divorce and preaches the glory of virginity.

On the last day of His life, when all the apostles but one were absent, the women followed Him on the way of the Cross, bewailing and lamenting Him. Sole amongst his disciples, one heroic woman, Veronica, braved the Roman soldiers and the hate-filled Pharisees, to offer Him an act of kindness, and when the great drama is drawing to a close on Calvary's heights, the women were with Him still. Never had He despised them, never had He uttered one word to lessen their position or curtail their liberty, on the contrary, all His actions and teachings, had showed them the true dignity of their sex and they proved themselves by following Him to the end.

Thus, emancipated, under the New Law, Christian women have continued to progress until the gap between them and the pagan women is so wide that they seem a different kind of being. In pagan countries, an unmarried woman is regarded as a terrible disgrace to her people. But since Christ proclaimed the nobility of virginity, millions of Christian women have gloried in this state, either in the world, or in the innumerable convents that flourish in all Christian countries. It is true that in some pagan lands, the daughters of noble families were allowed to refuse marriage, but this was an exceptional privilege granted to their high state, and marriage was the inevitable destiny of all the others.

The exaltation of the single state in no way depreciates that of the married woman, for Christ raised marriage to the dignity of a Sacrament, and consecrated it as an indissoluble bond. Thus polygamy and divorce, those two great social evils can not exist in *true* Christian Society, though they flourish in all pagan lands. There the wife is dependent on the good will of her husband not to bring in another woman to dispute with her the sovereignty of her hearth, and though she may never be divorced, yet this threat is suspended over her head as a perpetual danger, since she knows that divorce is permitted to him and is also always to his advantage. The Christian woman who marries, knows that she can neither be repudiated or have another wife introduced into her home.

Perhaps the most striking difference in the position of women is seen in the treatment of the widow. In India, the widow is scorned and ill-treated. (There are exceptions, of course). Death is considered preferable to the life she is condemned to lead, but one of the first charitable works commended by the Christian Church was the care of the widow and the orphan. In the early Church, deaconesses, the majority of whom were widows, rendered valuable services to the Church by their manifold works of charity, for instance, burying the martyrs, instructing the women catechumen, visiting the sick, etc.

It may, however, be objected that after centuries of Christianity, women still suffer many injustices and are not yet accorded their rightful position of equality. But this may be explained by the fact that Christianity is concerned with the sanctification of individuals, regardless of their state in life. It teaches the habits of respect and self-discipline which are the only real basis of social reform. It works through their hearts and minds, and permeates human society very gradually. It secures for woman moral freedom and leaves it to herself to emerge, slowly but surely from the weight of social customs and prejudices that kept her down. The Christian woman has no need to heed the false philosophy of pagandom which despises her unfortunate sisters living beneath its dark shadow. She knows that the highest and purest of all creatures, the only one who was never for a moment sullied by the stain of sin, was a woman, Mary most holy. With this proof of the great nobility of her sex, given to her by God, Christian womanhood is content, and goes her way in gratitude and peace.

Statue of Our Lady of the Blessed Sacrament in our Hospital chapel in India. It was donated by the Ursuline Sisters in Louisville, Ky.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D. D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field, for Catholic medical women, willing to devote their life and profession to the service of the suffering millions of Pagandom.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dieticians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work, such as sacristan, housekeeper, social service worker, secretary, etc.

The requirements for admission are the same as for other religious communities. A period of one year is devoted to spiritual and missionary training, during which no professional work is allowed. After this time, the candidate is accepted as a member.

The work of the Medical Missionary is spiritual and professional. The practice of every branch of the medical profession is permitted, and the religious exercises and rule of life are so arranged as not to interfere with professional duties. Every variety of medical institution will be undertaken by the Society in the mission field; hospitals, dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums, and traveling dispensaries which bring medical aid from village to village, also obstetrical work and treating the sick in their homes.

While occupied with her duties the Medical Missionary is in close contact with the non-Christian people, in the hospital and in their homes. She has thus many opportunities of introducing the Catholic religion to them. The nature of the services she renders them, creates a spirit of sympathy and gratitude, which endears the name of Catholic and disposes the people favorably towards the Catholic Church. The Medical Missionary can enter behind the purdah curtain, and bring the message of the Church to the millions of Indian women, who would otherwise hear of it only from biased and prejudiced sources, and whose conversion is absolutely necessary in order to win India for Christ. Through her easy entrance to the homes, she can bring Catholic influences to bear on the young children from their tenderest years and dispose them towards Catholic ideals of living in later life. Through the confidence, which the mothers repose in her as a professional woman, she can defeat the pernicious influence of Neo-Malthusianism which is being rapidly diffused throughout the East. She can instruct the sick when ill and baptize the dying, when properly disposed. The training schools for native nurses offer a suitable vocation for Indian Catholic girls, who would otherwise not consider this profession since they would have to train in non-Christian hospitals, to the grave danger of their faith. (In many of the latter, Sunday is not observed.)

The first hospital of the Society was opened in February, 1928, in the native city of Rawalpindi, Punjab, India, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan. It has a training school for native nurses, all of whom at present are Catholics. Three pioneer members of the Society are in charge. The Society has been asked to undertake other Medical Missions in India, Africa and China.

Dr. Anna Dengel will be pleased to give further information to anyone who is interested in the Society. Address:

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES,
Catholic Medical Mission House,
Brookland, Washington, D. C.

SIXTH STATION OF THE CROSS
VERONICA WIPES THE FACE OF JESUS

Disciples all have fled. Peter denied Him thrice.
Hurling herself 'gainst insults and the threat of death,
Veronica receives His Face between her hands.

Teach us, O woman brave, to conquer human fear.
To whom Christ is not an image but the truth,
Will come the questioning glance of other men.
He dwells on higher plane; he thinks apart.
Some strange love holds him distant; he is not the same.
An adult man, he says his beads; he tells his sins;
Friday he fasts; and with the women goes to Mass.
Of course, he rouses laughter, yet he irritates.
Let him beware, for on him rests the eye of all.
Let him beware each step. He, sign and symbol is.
Each Christian, though unfit, is likeness true of Christ.
The face his soul doth show is reflex small
Of that true Face of God, debased yet glorious.

Let us behold again, Veronica, that veil
Which keeps in trust the Face of our Viaticum.
That sacred cloth imprints this Gatherer of grapes,
Lifted to ecstasy by His own harvest's fruit,
So that this likeness ever more may witness be
Of how is mixed our spittle with His blood and tears.

—PAUL CLAUDEL.

Translated from the French by
Rev. John J. Burke, C.S.P.